

Doctor's Order Sheet
CISplatin 50 - PACLitaxel 175
Regimen (Part I)

ARIA Protocol Name: Cisp50 Pac175

Adult Chemotherapy - Gynecological Oncology

Cervical Cancer Therapy



CC3690 0180 04 2022

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle _____ of _____

Cycle Duration: 21 days

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Gynecologic Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

fosaprepitant 150 mg IV in 150 mL normal saline over 30 minutes on day 1

45 minutes prior to PACLitaxel: dexamethasone 20 mg IV in 50 mL normal saline over 15 minutes on day 1

30 minutes prior to PACLitaxel: diphenhydrAMINE 50 mg IV in 50 mL normal saline over 15 minutes on day 1

Administer concurrently with famotidine via y-site

30 minutes prior to PACLitaxel: famotidine 20 mg IV in 100 mL normal saline over 15 minutes on day 1

Administer concurrently with diphenhydrAMINE via y-site

Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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Doctor's Order Sheet

CISplatin 50 - PACLitaxel 175
Regimen (Part II)

ARIA Protocol Name: Cisp50 Pac175

Adult Chemotherapy - Gynecologic Oncology

Cervical Cancer Therapy



CC3690 0180 04 2022

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

normal saline 1000 mL IV hydration over 60 minutes pre-CISplatin on day 1.

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

PACLitaxel 175 mg/m² X BSA = _____ **mg**

Dose modification: **PACLitaxel 175 mg/m²** X BSA - _____ % = _____ **mg**

IV in 500 mL normal saline PVC Free over 180 minutes on day 1

CISplatin 50 mg/m² X BSA = _____ **mg + mannitol 25 grams**

Dose modification: **CISplatin 50 mg/m²** X BSA - _____ % = _____ **mg + mannitol 25 grams**

IV in 500 mL normal saline infused at 1 mg/min on day 1

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

magnesium sulfate 2 grams and potassium chloride 20 mEq IV in 1000 mL normal saline over 120 minutes post-CISplatin on day 1

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Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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